

DOC. NO.
35-05-20-99/08/20OFFICE OF
VITAL
STATISTICS

LOCAL REG NO.

CERTIFICATE OF DEATH
State of Delaware (107)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in by funeral director, remove carbons, file parts 1 and 2 with Registrar, within 72 hrs. after death and then use Burial-Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST)

Marissa R Fishman

2. SEX

F

3. DATE OF DEATH (MO., DAY, YR)

12X30X00 8/30/02

4. SOCIAL SECURITY NO.

5A. AGE (YRS)

5B. UNDER 1 YEAR
MONTHS5C. UNDER 1 DAY
DAYS5D. UNDER 1 DAY
HOURS

5E. MINUTES

6. DATE OF BIRTH
(MO., DAY, YR.)7. BIRTHPLACE
(CITY AND STATE OR FOREIGN COUNTRY)

20

8. WAS DECEDENT EVER IN
U.S. ARMED FORCES? YES NO CONSENT NOT GRANTED

10A. PLACE OF DEATH (CHECK ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE)

 INPATIENT ER/OUTPATIENT DOA

OTHER

 NURSING HOME RESIDENCE OTHER

10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER)

A. I. Dupont Hospital for Children

10C. CITY, TOWN, OR LOCATION OF DEATH

Wilmington

10D. COUNTY OF DEATH

N.C.

11. MARITAL STATUS — MARRIED, NEVER
MARRIED, WIDOWED, DIVORCED (SPEC.)

12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)

13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK
DURING MOST OF WORKING LIFE. DO NOT USE RETIRED)

13B. KIND OF BUSINESS/INDUSTRY

14A. RESIDENCE — STATE

14B. COUNTY

14C. CITY, TOWN, OR LOCATION

Pennsylvania

Chadds Ford

14D. STREET AND NUMBER

110 Kelly Drive

14E. INSIDE CITY LIMITS? (YES OR NO)

14F. ZIP CODE

(Specify)

15. WAS DECEDENT OF HISPANIC ORIGIN?
(SPECIFY NO OR YES. SPECIFY CUBAN, MEXICAN,
PUERTO RICAN, ETC.) NO YES

(Specify)

16. RACE — AMERICAN INDIAN,
BLACK, WHITE, ETC. (SPECIFY) White YES

(Specify)

17. DECEDENT'S EDUCATION (SPECIFY ONLY
HIGHEST GRADE COMPLETED) ELEMENTARY/ SECONDARY

[0-12]

 COLLEGE

[1-4 OR 5+]

PARENTS

18. FATHER'S NAME (FIRST, MIDDLE, LAST)

19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME)

INFORMANT

20A. INFORMANT'S NAME (TYPE/PRINT)

20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)

DISPOSITION

21A. METHOD OF DISPOSITION

 BURIAL CREMATION DONATION REMOVAL
FROM STATE OTHER
(SPECIFY)21B. PLACE OF DISPOSITION
(NAME OF CEMETERY, CREMATORIAL, OR OTHER PLACE)

21C. LOCATION (CITY, TOWN, STATE)

22A. SIGNATURE OF FUNERAL DIRECTOR

22B. LICENSE NUMBER (OF LICENSEE)

23. NAME AND ADDRESS OF FACILITY

► Schoenberg

24. REGISTRAR'S SIGNATURE

►

25. DATE FILED (MO., DAY, YR.)

►

PRONOUNCING
OFFICIAL
ITEMS 27-29 MUST
BE COMPLETED BY
PHYSICIAN OR HOS-
PICE NURSE
WHO PRONOUNCES
DEATH

SEE DEFINITION
ON OTHER SIDE

CERTIFIER

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED

SIGNATURE AND TITLE

►

26B. LICENSE NUMBER

26C. DATE SIGNED
(MO., DAY, YR.)

►

7:03

AM

PM

08 - 30 - 02

►

29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO)

►

Yes

►

30A. CERTIFIER
(CHECK ONLY ONE)

►

CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26)

To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

►

PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death)

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

►

MEDICAL EXAMINER

On the basis of examination and/or investigation, In my opinion, death occurred at the time, date, and place, and due to the cause(s)

and manner as stated.

►

30B. SIGNATURE AND TITLE OF CERTIFIER

►

MD

►

30C. LICENSE NUMBER

►

8/30/02

►

30D. DATE SIGNED (MO., DAY, YR.)

►

8/30/02

►

31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT)

►

GLENN STRYJEWSKI, M.D.

A.I. duPont Hospital

1600 Rockland Road

Wilmington, DE 19899

►

SEE DEFINITION
ON OTHER SIDE

►

32A. WAS AN
AUTOPSY
PERFORMED?

►

YES NO

►

32B. WERE AUTOP-
SY FINDINGS
AVAILABLE PRIOR
TO COMPLETION OF
CAUSE OF DEATH?

►

YES NO

►

33. MANNER
OF DEATH

►

NATURAL ACCIDENT SUICIDE HOMICIDE PENDING
INVESTIGATION UNDETERMINED

►

34. DATE OF INJURY
(MO., DAY, YR.)

►

8/30/02

►

35. TIME OF INJURY
(AM OR PM)

►

10:00

AM

PM

►

36. INJURY
WORK?

►

YES NO

►

37. DESCRIBE HOW INJURY OCCURRED

►

Child fell into pool

►

38. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))

►

Grandparents home

►

39. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE)

►

3220 Coachman Rd., Surrey Park, Wilm., DE

►

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

►

IMMEDIATE CAUSE
(FINAL DISEASE, INJURY OR CONDITION
THAT IN YOUR OPINION CAUSED THE
DEATH)

►

Drawing

►

IMMEDIATE
CAUSE
(A)

►

DUE TO (B)

►

DUE TO (C)

►

DUE TO (D)

►

PART II OTHER SIGNIFICANT CONDITIONS

►

CONTRIBUTING TO CAUSE OF DEATH

►